

RECEIVED
CENTRAL FAX CENTER

MAR 09 2005

Appl. No.: 09/822,822
Amendment dated March 9, 2005
Reply to Office Action of September 15, 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

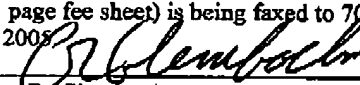
| | |
|------------------------------------|----------------------------|
| In Re Application Of |) |
| |) |
| Shinichi Baba Et Al. |) |
| |) Group Art Unit: 2667 |
| Serial No.: 09/822,822 |) |
| |) Examiner: P. Jones |
| Filed: April 2, 2001 |) |
| |) |
| For: Soft Handoff In IP-Based CDMA |) Attorney No. 04900.00001 |
| Networks By IP Encapsulation |) |

Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper of 14 pages (12 page amendment, 1 page extension of time, 1 page fee sheet) is being faxed to 703 872 9306 on March 9, 2005.


Christopher R. Glembocki
Reg. No. 38,800

In response to the Office Action mailed September 15, 2004, please amend the instant application as follows. The Commissioner is authorized to debit any fees to deposit account no. 19-0733.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 10 of this paper.

PTO/SB/17 (12-04V2)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|----------------------|----------------------|
| Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4281). FEE TRANSMITTAL for FY 2005 | | Complete If Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 09/822,822 |
| | | Filing Date | April 2, 2001 |
| | | First Named Inventor | Shinichi Baba et al. |
| | | Examiner Name | P. Jones |
| | | Art Unit | 2667 |
| TOTAL AMOUNT OF PAYMENT (\$) 100 | | Attorney Docket No. | 004900.00001 |

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
 Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
 Each independent claim over 30 (including Reissues)
 Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity Fee (\$) | Small Entity Fee (\$) |
|--------------|--------------|----------|---------------|-----------------------|-----------------------|
| 37 | 35 or HP= 2 | 50 | 100 | 50 | 25 |
| | | | | 200 | 100 |
| | | | | 360 | 180 |

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

3 - 3 or HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | | | |
|-------------------|--------------------------|-----------------------------------|--------------|-----------|--------------|
| Signature | | Registration No. (Attorney/Agent) | 38,800 | Telephone | 202 824 3000 |
| Name (Print/Type) | Christopher R. Glembocki | Date | March 9 2005 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.